

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 29 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000065520 (6)

1. Corporation Name

NEW TECHNOLOGIES GROUP, INC.

Principal Place of Business

20533 BISCAYNE BLVD  
SUITE 307  
AVENTURA FL 33180  
US

Mailing Address

20533 BISCAYNE BLVD  
SUITE 307  
AVENTURA FL 33180  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1994

4. FEI Number

65-0517741

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 20533 BISCAYNE BLVD

Suite, Apt. #, etc.

22 SUITE N 307

City & State

23 AVENTURA

Zip

24 33180-1529

Country

25 U.S.A.

2a. Mailing Address

26 20533 BISCAYNE BLVD

Suite, Apt. #, etc.

27 SUITE N 307

City & State

28 AVENTURA

Zip

29 33180-1529

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME GIRALDO, HERNANDO  
STREET ADDRESS 20533 BISCAYNE BLVD SUITE 307  
CITY-ST-ZIP AVENTURA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P (INTERIM) ☒ Change ☐ Addition

1.2 NAME ANGELO LUIDENS  
1.3 STREET ADDRESS 20533 BISCAYNE BOULEVARD, SUITE N 307  
1.4 CITY-ST-ZIP AVENTURA, FL 33180-1529

2.1 TITLE D (INTERIM) ☐ Change ☒ Addition

2.2 NAME ANGELO LUIDENS  
2.3 STREET ADDRESS 20533 BISCAYNE BOULEVARD, SUITE N 307  
2.4 CITY-ST-ZIP AVENTURA, FL 33180-1529

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

04/31/98

(954) 646-9889

CR2E034 (10/97)